Please type	a	plus	sign	(+)	inside	this box	\rightarrow	+	i
riease type	30	Pius	Jugit	٧./			,		

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it contains a valid OMB control number.

		f 1995, no persons are required to re	Attorney Docket Number	100000 007 4000/4000	
		OR UTILITY OR	First Named Inventor	Arwood, et al.	
	DESI		COMPLETE IF KNOWN		
	PATENT APPLICATION (37 CFR 1.63)				
(0.	(67 61 11 11 11 11 11 11 11 11 11 11 11 11		Filing Date		
Declaration Submitted	Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Submitted after Initial	Group Art Unit		
with Initial		Examiner Name			

	As a below named inventor, I hereby declare that:									
	My residence, mailing address, and citizenship are as stated below next to my name.									
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
	UPWARD DEPLOYING INF	LATABLE KNEE B	OLSTER WITH ME	CHANICAL GU	JIDES					
		(T	itle of the Invention)							
	the specification of which	,								
	is attached hereto		المحادة	tatos Application N	lumber or PCT Internation	onal				
	OR was filed on (MM/DD/YYYY)		as United S	states Application is						
					(if applicab	ole).				
	Application Number		mended on (MM/DD/YY			-				
	I hereby state that I have reviewed amended by any amendment specific	cifically referred to above	e.							
	I acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the			s defined in 37 CF ng date of the prior	R 1.56, including for con application and the nati	itinuation- ional or				
	I hereby claim foreign priority ben certificate, or 365(a) of any PCT i America, listed below and have certificate, or any PCT internation	efits under 35 U.S.C. 1 nternational application	19(a)-(d) or 365(b) of a which designated at le	any foreign applic	ation for patent or inve	entor's				
	Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attac	hed?				
	Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO					
			•							
	☐ Additional foreign application	numbers are listed on a	a supplemental priority	data sheet PTO/SB	/02B attached hereto:					
_	I hereby claim the benefit unde	r 35 U.S.C. 119(e) of a	ny United States provisi	onal application(s)	listed below.					
	Application Number(s)		te (MM/DD/YYYY)							
_	друповантивно-до-			numbers	al provisional applicatior s are listed on a					
				supplem	ental priority data sheet					
				P10/SB	/02B attached hereto.					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+ Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

	ustomer Nun Bar Code L		6096		OR V	Correspondence address below		
Lonnie R. Drayer								
Address Breed Automotive Tech	hnology,	Inc.						
P.O. Box 33050								
Lakeland City				State	Florida	33807-3050 ZIP		
United States		Telephone	(863)	668-6	707	Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVI	ENTOR:			A petit	ion has been f	iled for this unsigned inventor		
Given Name (first and middle [if any))	هد			Family or Surr	Name ARWOC)D		
Inventor's Signature	Us.	J.	2			Date 8. 19. 200 3		
Residence: City Fraser			State MI		Country U.S.	U.S.		
Mailing Address 18424 Woodbine Ro	oad							
Mailing Address								
City Fraser	MI State			ZIP 48026		Country U.S.		
NAME OF SECOND INVENTOR	:			A peti	tion has been	filed for this unsigned inventor		
Given Name Eric	\wedge			Family or Sur	Name BAUMI	васн		
Inventor's Signature						Date 8. 19. 2003		
Residence: Sterling Heights			State_N	11	U.S.	U.S.		
Mailing Address 42441 Montroy Dri	ive							
Mailing Address								
City Sterling Heights	State MI			ZIP	48313	Country U.S.		
Additional inventors are being named		_suppleme	ental Additi		entor(s) sheet(s) F	PTO/SB/02A attached hereto.		

Please type a plus sign (+) inside this box	→	+

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1_ of 2_

Name of Additional Joint Inventor, if any	/ :		A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Nam	e or Sur	name	
Robert		BLOC	CK			
Inventor's Signature					Date 8/19/03	
Clarkston Residence: City	MI State	c	U.S.	С	U.S. itizenship	
6275 Englewood Drive						
Mailing Address						
City Clarkston	State MI		ZIP 48346	Country	U.S.	
Name of Additional Joint Inventor, if an	y:		A petition has been filed	for this	unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname				
John		C	OOPER			
Inventor's Signature					Date 8 19/03	
Residence: City	State MI		U.S.		UK Citizenship	
Mailing Address 3920 Sandbar Court						
Mailing Address Oxford	MI		zIP 48371	Cou	U.S.	
City	State State					
Name of Additional Joint Inventor, if a	ny:		A petition has been filed			
Given Name (first and middle [if any])		Family	Name	or Surname	
Kaustubh		BED	DEKAR			
Inventor's Sedelea Signature					Date 8/20/03	
Auburn Hills Residence: City	MI State		U.S. Country		IN Citizenship	
Mailing Address 717 Tall Oaks Blvd., Apt. 25						
Mailing Address						
City Auburn Hills	State MI		ZIP 48326	С	U.S. ountry	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

										$\overline{}$
Please	type	а	plus	sign	(+)	inside	this	box		+

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any])			Family Nan	ne or Su	mame		
Pat /		ATKI	NSON				
Inventor's Signature		,			Date 8.19.03		
Grand Blanc Residence: City	MI State	C	U.S.	c	U.S. itizenship		
2344 Lake Ridge Drive							
Mailing Address							
City Grand Blanc	State MI		ZIP 48439	Country	, U.S.		
Name of Additional Joint Inventor, if any	<i>y</i> :		A petition has been file	d for this	unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature					Date		
Residence: City	State		Country		Citizenship		
Mailing Address							
Mailing Address			_				
			710	C	atn.		
City	State		ZIP	Cour			
Name of Additional Joint Inventor, if an	y:	A	petition has been filed	for this	unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature					Date		
Residence: City	State		Country		Citizenship		
Mailing Address							
Mailing Address							
City	State		ZIP	Co	ountry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please	h.no 0	alue	cion	(4)	incida	thie	hov	_	LL.
Please	type a	pius	sign	(+)	inside	นแร	DOX	$\overline{}$	-

valid OMB control number.

م يوسية كي ي

PTO/SB/02C (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a

DECLARATION

REGISTERED PRACTITIONER **INFORMATION** (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Lonne R. Drayer	30,375		
Markell Seitzman	28,756		
Jarrett Rieger	48,864		
Theodore W. Olds	33,080		
John E. Carlson	37,794		
David J. Gaskey	37,139		
Kerrie A. Laba	42,777 44,130		
William S. Gottschalk			
David L. Wisz	46,350 45,864		
Karin H. Butchko John M. Siragusa	46,174		
John W. Siragusa	47,209		
Anthony P. Cho Anna Shih	36,372		
Alilla Silili	50,572		
			!
1			
		İ	
			I

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

